| / | | | PART B | - FEE(S) | TRA | NSMITTAL | • | | | |
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| (| UN 2 8 2004 \$ | his form, together wit | | or] | <u>Fax</u> | Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000 | r Patents inia 22313-14 | | 7 | |
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| | CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 27820 7590 04/07/2004 | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
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| | | | | | | Dennifer Alkove (Depositor's name) Dennifer Alkove (Signature) Sure 24, 2004 (Date) | | | | |
| | APPLICATION NO. | FILING DATE | | FIRST NAME | D INVEN | TOR | ATTORNEY DOC | KET NO. | CONFIRMATION NO. | |
| | 10/057,707 | 01/24/2002 | <u> </u> | Pengfei Zhang | | | A-68184-1/E | | 9005 | |
| | TITLE OF INVENTION: VCO WITH HIGH-Q SWITCHING CAPACITOR BANK | | | | | | | | | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE | PU | BLICATION FEE | TOTAL FEE(S |) DUE | DATE DUE | |
| | nonprovisional | YES | \$665 | \$665 | | \$0 | \$665 | | 07/07/2004 | |
| | EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS |] | | | |
| | SHINGLETON, MICHAEL B | | 2817 | | | 331-014000 | | | | |
| , 4 _V | CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T | | | 2. For printing on the patent noint page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) | | | | | | |
| 4 | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| | RF MICRO DEVICES, INC. GREENSBORO, NC | | | | | | | | | |
| | ease check the appropriate assignee category or categories (will not be printed on the patent); | | | | | | | | | |
| Issue Fee | | | | | | | | | | |
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| | obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT 5 | ation is required by 37 CFR by the public which is to fy is governed by 35 U.S.C. Ites to complete, including gm to the USPTO. Time with the amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLE for Patents, Alexandria, Vir. | ile (and by the US 122 and 37 CFR 1.1 athering, preparing III vary depending require to complet to the Chief Inform of Commerce, A TED FORMS TO | PTO to proc 4. This colle , and submitt | cess) an ection is ting the | | | | | |

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